

Illness Log

Date & Time Identified	Check Appropriate Box				Symptoms of illness or	Actions Taken • Person sent home?
	At home/ absent	At center	Person's Full Name	Classroom	diagnosis, if known	 Persons' notified (director, parent, COVID-19 Call Center, 911, etc.) Advised person to discuss with health care provider and seek COVID-19 testing
Ex. 7/4/2020 1:45pm		X	Ellie Belly - child	Preschool room	Fever of 100.9, runny nose, very tired/cranky	Called parent. Child taken to office to await pick up. Asked parent to contact doctor and have child tested for COVID-19.
Ex. 8/1/2020 7:00am	Х		Susie Que - staff	Infant room	Cough developed over weekend.	Advised teacher to stay home and and contact doctor to get tested for COVID-19.



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